TRADEMARK!

We omplete and seen this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-272-2885

	NCE ADDRESS (Note Use 6	lock I for any charge of address	Fo	ne: A certificate of	mailin	g can only be used for	r domestic mailings of
27792	2590 69/25		na.	pers. Each addition we its own certificat	al paper e of ma	, such as an assignate iling or transmission.	or any other recompany m or formal drawing, m
RONALD M. A		5/2007		Ć.	rtificat.	of Malling Tour	mission
MICROSOFT CORPORATION 600 108TH AVENUE N.E., SUITE 507 BELLEVUE, WA 98004			I h Sia ark tru	I hereby certify that this Fee(s) Transmittal is being deposited with the Usates Postal Service with sufficient postage for first class mail in an enveathressed to the Mail Stop ISSUE FEE address above, or being faction transmitted to the USPTO (871) 273-2885, on the date indicated below.			
accept of the	70004		. [A	R.	ni Joran	filepositor's nam
			_			new-	(Signatu
APPLICATION NO.	FILING DATE				2::5	- 2007	{Dal
10/814,577	03/31/2004		FIRST NAMED INVENTOR	₹ 	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
<u>-</u>		CORIFCT ON INTERA	Andrew D. Wilson CTIVE DISPLAY SURFA	City that a series		MICR0482	6895
		Outlet (AVINTERA	CLIAND DIZLEMA 20KEV	CE BY IDENTIFY	'ING C	ODED PATTERN	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	F. FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	SO	1	\$1700	04/25/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
HAUPT, KRISTY A		2876	235-494000	J			
hange of correspondent	ce address or indication	of ages Address 225					
l 1.363).	or construction of this ready,	tor hee yearess (3)	2. For printing on the p			1/:	_ /
K 1.303).			2. For printing on the p (1) the names of up to or agents OR, alternative	3 registered naten		ys Hicro	SOFT Corpor
Change of corresponded to the corresponded to the corresponded to the correspondence of	dence address (or Char 22) attached.	nge of Correspondence	(1) the names of up to or agents OR, elternative (2) the name of a single	3 registered patent rely,	attomo		SOFT Corpor
Change of corresponded to the corresponded to	dence address (or Char 22) attached.	nge of Correspondence	(1) the names of up to or agents OR, alternative (2) the name of a single registered attembey or a 2 registered patent attempt.	3 registered patent vely, e firm (having as a ligent) and the name meys or agents if a	attomo		SOFT Corpor
Change of correspon Address form PTO/SB! "Fee Address" indica PTO/SB/47; Rev 03-03 Number is required. SSIGNEE NAME ANE	dence address (or Char 22) attached. nion (or "Fee Address" or more recent) attached D RESIDENCE DATA	nge of Correspondence Indication form rd. Use of a Customer TO BE PRINTED ON	(1) the names of up to or agents OR, elternation (2) the name of a single registered attorney or a 2 registered attorney are also listed, no name will be THE PATENT (print or two	3 registered patentively, as a firm (having as a agent) and the name meys or agents, if a printed.	niumbers of up	ra 2 to	
Change of correspon Address form PTO/SB! "Fee Address" indica PTO/SB/47; Rev 03-03 Number is required. SSIGNEE NAME ANE	dence address (or Char 22) attached. nion (or "Fee Address" or more recent) attached D RESIDENCE DATA	nge of Correspondence Indication form rd. Use of a Customer TO BE PRINTED ON	(1) the names of up to or agents OR, elternation (2) the name of a single registered attorney or a 2 registered attorney are also listed, no name will be THE PATENT (print or two	3 registered patentively, as a firm (having as a agent) and the name meys or agents, if a printed.	niumbers of up	ra 2 to	
Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. SSIGNEE NAME AND PLEASE NOTE: Unless econdation as set forth in	dence address (or Char 22) attached, tilen (or "Fee Address" or more recent) attache D RESIDENCE DATA s an assignce is identif n 37 CFR 3.11, Compl	nge of Correspondence Indication form rd. Use of a Customer TO BE PRINTED ON	(1) the names of up to or agents OR, elternation (2) the name of a single registered attemey or a 2 registered patent attortisted, no name will be THE PATENT (print or typedata will appear on the pate a substitute for filing an a	3 registered patentively, e firm (having as a agent) and the market meys or agents, if a printed. (c) tent. If an assigne assignment.	numbers of up no name	r a 2 to is 5 5 to the documentified below, the document	
Change of correspon Address from PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. SSIGNEE NAME AND PLEASE NOTIE: Unless econdation as set forth in A) NAME OF ASSIGN	dence address (or Chai 22) attached, itien (or "Fee Address" or more recent) attache D RESIDENCE DATA s an assignce is identifi n 37 CFR 3.11, Complete	Indication form Indication of this form is NO	(1) the names of up to or agents OR, elternation (2) the name of a single registered attemey or a 2 registered attemey or a 2 registered patent attentisted, no name will be THE PATENT (print or typedata will appear on the patra will appear on the patra of the patra will appear on the patra will	3 registered patentively, e firm (having as a agent) and the name meys or agents, if r printed. be) atent. If an assigned assignment, and STATE OR Co	numbers of up to name	ra 2	
Change of correspondediress form PTO/SB/1 Fee Address* indications of correspondediress form PTO/SB/1 Fee Address* indications of correspondediress form of corresponded in the correspo	dence address (or Chai 22) attached. ition (or "Fee Address" or more recent) attached D RESIDENCE DATA an assignee is ideatin 17 CFR 3.11. Complete	Indication form Indication of this form is NO Indication of this form Indication for	(1) the names of up to or agents OR, elternative (2) the name of a single registered attemey or a 2 registered patent attoristed, no name will be THE PATENT (print or type that will appear on the pate a substitute for filing and (B) RESIDENCE; (CFTY	3 registered patenticely, or firm (having as a agent) and the manumers or agents, if reprinted. be) acent. If an assigne assignment, and STATE OR COMMONG,	numbers of up to name	r a 2	rument has been filed fo
Change of correspondedress form PTO/SB/1 I *Fee Address* indica TO/SB/47; Rev 03-02 comber is required. SSIGNEE NAME AND LEASE NOTH: Unless recordation as set forth in the condition of the condit of the condition of the condition of the condition of the condi	dence address (or Char 22) atrached. nion (or "Fee Address" or more recent) attached. D RESIDENCE DATA is an assignee is identify a 37 CFR 3.11. Complete	Indication form Indication of this form is NO Indication of this form Indication for	(1) the names of up to or agents OR, elternation (2) the name of a single registered attemey or a 2 registered attemey or a 2 registered patent attentisted, no name will be THE PATENT (print or typedata will appear on the patra will appear on the patra of the patra will appear on the patra will	3 registered patenticely, or firm (having as a agent) and the manumers or agents, if reprinted. be) acent. If an assigne assignment, and STATE OR COMMONG,	numbers of up to name	r a 2	rument has been filed fo
Change of correspondices form PTO/SB/1 The Address form PTO/SB/1 The Address form PTO/SB/1 TO/SB/47; Rev 03-02 Sumber is required. SSIGNEE NAME AND LEASE NOUTH: Unless recordation as set forth in A) NAME OF ASSIGN Condition of the Address of the condition of the conditio	dence address (or Chai 22) attached. tion (or "Fee Address" or more recent) attached. D. RESIDENCE DATA is an assignee is identify 137 CFR 3.11. Complete	Indication form ad. Use of a Customer TO BE PRINTED ON fied below, no assignee ection of this form is NO OFATION attegenes (will not be pr	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered attemey or a 2 registered patent attous issed, no name will be THE PATENT (print or type data will appear on the part a substitute for filing and (B) RESIDENCE: (CFTY Red) intend on the patent):	3 registered patenticely, comments a segment and the earning may be a segment. If an assignment. and STATE OR COMMOND, ladividual SCort	numbers of up no name	r a 2 to to 5 is 5 Intified below, the doc Y) L To or other private group	nument has been filed for
Change of corresponded ress form PTO/SB/1 Fee Address findical PTO/SB/47; Rev 03-02 Number is required. SSIGNEE NAME AND LEASE NOTH: Unless recordation as set forth in A) NAME OF ASSIGN SE check the appropriate the following feets) are lessue Fee Publication Fee (No si	dence address (or Chai 22) atrached. tion (or "Fee Address" or more recent) attacks. D. RESIDENCE DATA & an assignee is identify a 37 CFR 3.11. Complete C	Indication form ad. Use of a Customer TO BE PRINTED ON fled below, no assignee tetion of this form is NO OCATION attegories (will not be printing)	(1) the names of up to or agents OR, elternative (2) the name of a single registered attemety or a 2 registered attemety or a 2 registered patent attoustisted, no name will be THE PATENT (print or type that will appear on the patent (B) RESIDENCE: (CITY Red) intend on the patent):	3 registered patenticely, e firm (having as a agent) and the name mays or agents, if r printed. be) atent. If an assigne assignment, and STATE OR Commond, ladividual SCore (first reapply any	numbers of up no mante is ide	r a 2 to to 5 ntified below, the doc (Y) to or other private group susty paid issue fee she	o entity Governmen
Change of correspondedress form PTO/SB*1 Fee Address* indications of correspondedress form PTO/SB*1 Fee Address* indications of corresponded	dence address (or Chai 22) atrached. tion (or "Fee Address" or more recent) attacks. D. RESIDENCE DATA & an assignee is identify a 37 CFR 3.11. Complete C	Indication form ad. Use of a Customer TO BE PRINTED ON fled below, no assignee tetion of this form is NO OCATION attegories (will not be printing)	(1) the names of up to or agents OR, elternative (2) the name of a single registered attemety or a 2 registered attemety or a 2 registered patent attoustisted, no name will be THE PATENT (print or type that will appear on the patent (B) RESIDENCE: (CITY Red) intend on the patent):	3 registered patenticely, e firm (having as a agent) and the name mays or agents, if r printed. be) atent. If an assigne assignment, and STATE OR Commond, ladividual SCore (first reapply any	numbers of up no mante is ide	r a 2 to to 5 ntified below, the doc (Y) to or other private group susty paid issue fee she	o entity Governmen
Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. SSIGNEE NAME AND PLEASE NOTE: Unless econdation as set forth in A) NAME OF ASSIGN CONTROL OF ASSIGN CONT	dence address (or Chai 22) attached. tion (or "Fee Address" or more recent) attached. D. RESIDENCE DATA is an assignee is identifin 37 CFR 3.11. Complete E. assignee category or consultation in the control of the	Indication form red. Use of a Customer TO BE PRINTED ON fied below, no assignee ection of this form is NO OPATION attegories (will not be presented)	(1) the names of up to or agents OR, elternative (2) the name of a singly registered atterney or a 2 registered atterney or a 2 registered patent attous listed, no name will be THE PATENT (print or typedata will appear on the patent attous of the patent	3 registered patenticely, e firm (having as a agent) and the name mays or agents, if r printed. be) atent. If an assigne assignment, and STATE OR Commond, ladividual SCore (first reapply any	numbers of up no mante is ide	r a 2 to to 5 ntified below, the doc (Y) to or other private group susty paid issue fee she	o entity Governmen
Change of correspon Address form PTO/SB/1 Fee Address form PTO/SB/1 Fee Address form PTO/SB/1 Fee Address form PTO/SB/1 Fee Address form PTO/SB/1 SSIGNE NAME AND PLEASE NOTE: Unless econdation as set forth in A) NAME OF ASSIGN A) NAME OF ASSIGN for following feets) are lessue Fee Publication Fee (No s. Publicati	dence address (or Chai 22) atrached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify 17 CFR 3.11. Complete Comp	Indication form ad. Use of a Customer TO BE PRINTED ON fied below, no assignce tection of this form is NO OPATION categories (will not be pr the property of the property	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attous listed, no name will be THE PATENT (print or typ data will appear on the patent attous will appear on the patent a substitute for filing an a (B) RESIDENCE: (CFTY Red) [A check is enclosed. [D Payment of Foo(s): (Please overpayment to Deposition of the patent).]	3 registered patenticely, ce firm (having as a agent) and the manumery or agents, if reprinted. be) ment. If an assignment, and STATE OR Commond, ledividual SCorte first reapply any it form PTO-2038 authorized to charge it Account Number or alaiming SMALL.	mumbers of up no name or is ide	ntified below, the doc Y) n or other private group usly paid issue fee should ied. (conclose an e	centity Government DWB above) Jency, or credit any attra copy of this form).
Change of correspon Address form PTO/SB*I "Fee Address" indica PTO/SB*I "Fee Address" indica PTO/SB*I "Fee Address" indica PTO/SB*I SSIGNEE NAME ANL SSIGNEE NAME ANL PLEASE NOTTE: Unless econdation as set forth in A) NAME OF ASSIGN "I'C' OSO see check the appropriate the following feets) are less be fee Publication Fee (No s. Publication Fee (No s. Advance Order - # of thange in Entity Status: S. Applicant claims S.	dence address (or Chai 22) atrached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify 17 CFR 3.11. Complete Comp	Indication form ad. Use of a Customer TO BE PRINTED ON fied below, no assignce tection of this form is NO OPATION categories (will not be pr the property of the property	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attous listed, no name will be THE PATENT (print or typ data will appear on the patent attous will appear on the patent a substitute for filing an a (B) RESIDENCE: (CFTY Red) [A check is enclosed. [D Payment of Foo(s): (Please overpayment to Deposition of the patent).]	3 registered patenticely, ce firm (having as a agent) and the manumery or agents, if reprinted. be) ment. If an assignment, and STATE OR Commond, ledividual SCorte first reapply any it form PTO-2038 authorized to charge it Account Number or alaiming SMALL.	mumbers of up no name or is ide	ntified below, the doc Y) n or other private group usly paid issue fee should ied. (conclose an e	centity Government Gov
Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Normber is required. SSIGNEE NAME AND ELEASE NOTTE: Unless coordation as set forth in A) NAME OF ASSIGN of the following feets) are lessue Fee Publication Fee (No. 1) Advance Order - # of the following feets as shown by the recordation of the following feets as shown by the recordations.	dence address (or Chai 22) atrached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify 17 CFR 3.11. Complete Comp	Indication form ad. Use of a Customer TO BE PRINTED ON fied below, no assignce tection of this form is NO OPATION categories (will not be pr the property of the property	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attous issted, no name will be THE PATENT (print or type that will appear on the past a substitute for filing and (B) RESIDENCE: (CITY Red) instead on the patent):	3 registered patenticely, ce firm (having as a agent) and the manumery or agents, if reprinted. be) ment. If an assignment, and STATE OR Commond, ledividual SCorte first reapply any it form PTO-2038 authorized to charge it Account Number or alaiming SMALL.	mumbers of up no name or is ide	ntified below, the doc Y) n or other private group usly paid issue fee should ied. (conclose an e	centity Government DWB above) Jency, or credit any attra copy of this form).
Change of correspondedress form PTO/SB*1 Fee Address* indications of correspondedress form PTO/SB*1 Fee Address* indications of correspondedress form PTO/SB*4 SSIGNEE NAME AND LEASE NOTITE Unless recordation as set forth in the condition as set forth in the condition of the	dence address (or Chai 22) atrached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify 17 CFR 3.11. Complete Comp	Indication form ad. Use of a Customer TO BE PRINTED ON fied below, no assignee tetion of this form is NO OPATION attegories (will not be pr the printed) See 37 CFR 1.27. and will not be accepted a patent and Tradeplark Guille of Currently and Company Manual Compa	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attoristed, no name will be THE PATENT (print or type data will appear on the patent a substitute for filing and (B) RESIDENCE: (CFTY Red) inted on the patent): D. Payment of Fee(s): (Please A check is enclosed. Desyment by credit card The Director is hereby overpayment, to Depose the patent of the p	3 registered patenticely, ce firm (having as a agent) and the manumery or agents, if reprinted. be) ment. If an assignment, and STATE OR Commond, ledividual SCorte first reapply any it form PTO-2038 authorized to charge it Account Number or alaiming SMALL.	mumbers of up no name or is ide	ntified below, the doc Y) n or other private group usly paid issue fee should ied. (conclose an e	centity Government Gov
Change of correspondedress form PTO/SB/1 Fee Address form Fee Office of Fee Address form as set forth in the Address for the following fee of Fee Address for the following fee of Fee Address for the following fee of Fee Address for the fee Address fo	dence address (or Chai 22) attached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify a 37 CFR 3.11. Complete Co	Indication form and. Use of a Customer TO BE PRINTED ON field below, no assignee ection of this form is NO OFATTON attegories (will not be printed) shove) See 37 CFR 1.27. and will not be accorded a patent and Tradegiark Currently R. Bank	(1) the name of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attoristed, no name will be THE PATENT (print or type that will appear on the part a substitute for filing and (B) RESIDENCE: (CFTY Red) O. Payment of Fee(s): (Please of Payment by credit cand The Director is hereby overpayment, to Deposition of the patent). D. Applicant is no longer from anyone other than the Office.	3 registered patenticely, cely, from (having as a agent) and the manumery or agents, if a printed. be) acent. If an assigner assignment, and STATE OR Commond, Individual SCor for first reapply any for first reapply any for first reapply any for celaiming SMALL for applicant a regist Date 3/5 Registration No.	members of up no name or is ide OUNTR	ntified below, the doc Y) no or other private group usly paid issue fee short ied. ie	pentity Government Government own above) lency, or credit any attra copy of this form). 1.27(g)(2). sanguez or other party in
Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. SSIGNEE NAME AND ASSIGNEE NAME OF ASSIGNEE NAME OF ASSIGNED	dence address (or Chai 22) attached. nion (or "Fee Address" or more recent) attached. RESIDENCE DATA is an assignee is identify a 37 CFR 3.11. Complete Co	Indication form and. Use of a Customer TO BE PRINTED ON field below, no assignee ection of this form is NO OFATTON attegories (will not be printed) shove) See 37 CFR 1.27. and will not be accorded a patent and Tradegiark Currently R. Bank	(1) the names of up to or agents OR, elternative (2) the name of a single registered atterney or a 2 registered atterney or a 2 registered patent attoristed, no name will be THE PATENT (print or type data will appear on the patent a substitute for filing and (B) RESIDENCE: (CFTY Red) inted on the patent): D. Payment of Fee(s): (Please A check is enclosed. Desyment by credit card The Director is hereby overpayment, to Depose the patent of the p	3 registered patenticely, cely, from (having as a agent) and the manumery or agents, if a printed. be) acent. If an assigner assignment, and STATE OR Commond, Individual SCor for first reapply any for first reapply any for first reapply any for celaiming SMALL for applicant a regist Date 3/5 Registration No.	members of up no name or is ide OUNTR	ntified below, the doc Y) no or other private group usly paid issue fee short ied. ie	pentity Government own above) leney, or credit any attra copy of this form). 1.27(g)(2). sangueze or other party in

03/06/2007 INTEFSW 00000217 10814577

01 FC:1501 02 FC:1504

1400.00 DA 300.00 DA